

INFANT FOOD PACKAGE



FORMULA
Milk or Soy Based

Brand and size as specified on WIC check
Other Formulas as Specified

NO Whole, Lowfat, Skim, Evaporated or Goat's Milk

INFANT CEREAL - (8.0 Ounce Box Only)

Dry Infant Cereal without fruit, formula or sugar

Beechnut Del Monte Gerber Heinz

INFANT JUICE - (4.0 Ounce Containers Only)

Beechnut Del Monte Gerber Heinz

NO Juice with iron, sugar, vegetables or yogurt added

HANDLE EACH WIC CHECK INDIVIDUALLY

- Do not cash before “First Day to Use” or after “Last Day to Use.”**
- Must have WIC Agency Stamp.**
- Compare the Quantity and Type of foods selected.**
- Compare the Selected Foods with this Approved Food List.**
- Total the Amount and Enter the Amount.**
- Enter the Date.**
- Obtain the Signature.**

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

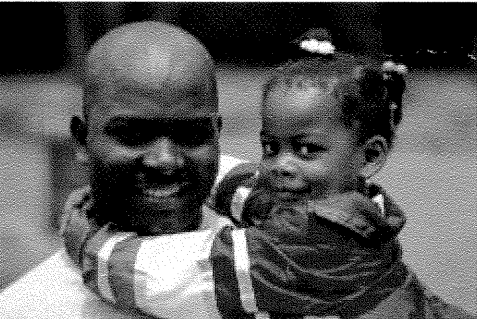
To file a complaint of discrimination, write:
 USDA
 Director, Office of Civil Rights
 Room 326-W, Whitten Building
 1400 Independence Avenue, SW
 Washington, DC 20250-9410
 or call: (202) 720-5964 (voice and TDD)

USDA is an equal opportunity provider and employer.

Kentucky Department for Public Health
 Printed with Federal Funds
 An Equal Opportunity Employer M/F/D

Breastfeeding is best
 for your baby

Kentucky
WIC
Approved
Food
List



WIC—40
Effective
10-1-04
to
9-30-05

| QTY | UNIT | Approved Items | PATIENT I.D. NUMBER | NAME OF PARTICIPANT | | | R No. |
|-----|------|----------------|--|--------------------------------|---|----------------------|--------------------|
| | | | 1234567890 | LAST PUBLIC | FIRST JOHN | MIDDLE Q. | 0061001 0061001 |
| | | | Health I.D. Location/Date 123456 | First Day to Use 04/19/2003 | Last Day to Use 05/18/2003 | Date Received 6 | |
| | | | Not Negotiable Unless WIC Agency Stamp is Here | | Deposit Within 60 Days Of First Day to Use | PAY EXACTLY 5 | |
| | | | K Y W I C 2 | | Not Negotiable Unless KY WIC Vendor Stamp is Here | \$ | |
| | | | | | | KENTUCKY WIC PROGRAM | |
| | | | | | SIGN HERE AT GROCERY STORE | | |
| | | | | | Jane Public 7 | | |

1 GAL./LB. MILK OR CHEESE
 1 GAL. MILK
 36 OUNCES CEREAL
 2 12 OZ. OR 46 OZ. JUICE
 1 DOZEN EGGS
 1 LB./JAR DRY BEANS/PEAS OR 16 OZ. PEANUT BUTTER
 END OF LIST. VOID IF ALTERED
 3+4

